



## **Legislative Commission on Aging**

*A nonpartisan research and public policy office of the Connecticut General Assembly*

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### **Testimony of Deb Migneault, Legislative and Community Liaison Commission on Aging**

**before the Human Services Committee**

**March 12, 2013**

Good morning Senator Slossberg, Representative Abercrombie and esteemed members of the Human Services Committee. My name is Deb Migneault and I'm the Legislative and Community Liaison for the Legislative Commission on Aging. On behalf of the Commission, I thank you for this opportunity to comment on a number of bills before you today.

As you know, the Legislative Commission on Aging is the non-partisan, public policy office of the Connecticut General Assembly devoted to preparing our state for a significantly changed demographic and enhancing the lives of the present and future generations of older adults. For twenty years, the Commission has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities. I'd like to thank this committee for its ongoing leadership and collaboration in these efforts.

In these difficult budget times, research-based initiatives, statewide planning efforts, vision and creative thinking are all needed. The Legislative Commission on Aging is devoted to assisting you in finding solutions to our fiscal problems, while keeping our state's commitments to critical programs and services.

#### **SB 1084: An Act Concerning Delays in Medicaid Application Processing**

##### **Section 2 ~ CoA Supports**

The CoA supports this proposal and applauds this committee for attempting to fill a major gap in our community-based services structure by raising this bill. As you know, the timeline for processing of long-term care Medicaid applications is egregiously long. The Department of Social Services' Commissioner Bremby is working to upgrade the agency's computer systems and change workflow to meet the needs. We've met with the Commissioner several times to address this matter and are grateful for his engagement. However, timelines remain far too long, far longer than the federally mandated standard of promptness of 45 days. Some applicants wait 6 months or more for their eligibility determination.

Section 2 of this bill attempts to address a major issue with Medicaid application processing as it affects persons applying for community-based long-term services and

supports. CoA fully supports the concept of presumptive eligibility for community-based programs, like the CT Home Care Program for Elders. This committee has also raised HB 5919. The CoA testified in support of this bill last week on 3/5/13. HB 5919 is specifically addressing CHCPE while this bill is much broader in its reach, allowing for presumptive eligibility for all community-based programs.

This bill would seek to help older adults and persons with disabilities who have been deemed functionally eligible for community-based services, like the CT Home Care Program for Elders (CHCPE) but are awaiting the determination of their financial eligibility. Older adults who apply for CHCPE are often determined functionally eligible for the program (nursing home level of need) but must wait MONTHS for services that will support them in the community while DSS works to determine them financially eligible. During this long wait, their health may deteriorate as they attempt to continue to reside in the community without adequate supports. Often times the applicant ends up needing critical care in either a hospital or nursing facility.

Presumptive eligibility allows older adults who have filed a Medicaid application, have met basic financial screening criteria and have been deemed functionally eligible for the CHCPE, to begin receiving community-based long-term services and supports immediately. Clients would begin to receive nursing, home health care, adult day services, meals and medical transportation through the CHCPE without having to wait for the Medicaid application to fully process. Presumptive eligibility supports the CoA's, the Legislature's and the Administration's commitment to rebalance the Medicaid long-term services and supports system.

Not only does presumptive eligibility support a person's right to determine where they will choose their services and supports and increase quality of life, it also prevents early institutionalization and saves the state money (specifically related to presumptive eligibility for the CHCPE, this savings could be as much as \$3 million annually).

More important than the cost savings associated with this proposal is the quality of life for CT residents. Deeming a person functionally eligible and then letting them wither in the community without supports is irresponsible and possibly inhumane. Furthermore, it is important to note that presumptive eligibility is allowed for nursing facility residents. These same people applying for CHCPE can move into a nursing facility without the finalization of their Medicaid applications. The CoA has continually advised that CT residents should have **true consumer choice** regarding where they receive their services and supports. Presumptive eligibility supports efforts aimed at rebalancing the long term services and supports system.

**SB 1086: An Act Concerning Long-Term Care**

**SB 6607: An Act Concerning Nursing Homes**

~ CoA Opposes

The CoA appreciates this committee's support and commitment to rebalance the Medicaid long-term services and supports (LTSS) system. For several years now, the Commission on Aging has put forth recommendations and provided oversight with the implementation of rebalancing efforts which give people choice in where and how they receive long-term care services and support. These efforts involve highly complex and multifaceted policy, programmatic, regulatory and funding issues. We have worked with this committee on legislation that supports this initiative and we are truly grateful for your continued commitment on this work.

While we fully support the concept of studying and tracking these issues, we respectfully urge that you do not mandate DSS to conduct either of these studies as extensive study has already been conducted in the areas outlined. In other words, it would be a duplicative mandate. In recent years, DSS contracted with Mercer Consulting to analyze the long-term services and supports system both historically as well as projecting the needs of the future. Actuaries and analysts have produced pages and pages (roughly 730 pages) of town- by-town specific data that tell us much of what the state needs to know about 1) the number of needed institutional beds and nursing facilities, 2) the need for community- based service providers, and 3) the demand for direct care workers. In January 2013, the Governor released a "Rebalancing Plan" which contained the findings of Mercer's work and provided strategies aimed at rebalancing the LTSS system. The data is featured on the DSS website at <http://www.ct.gov/dss/cwp/view.asp?Q=517822&A=4125> and will be updated periodically. This plan, with significant amounts of data, is in addition to a data collected as part of the 2006 Long-Term Care Needs Assessment conducted by the UCONN Center on Aging with oversight by the Legislative Commission on Aging, and the Long-Term Services and Supports "Balancing Plan" (released in January 2013) by the Long-Term Care Planning Committee (written by OPM and in consultation with the LTCAC of which CoA chairs).

The CoA would be willing and grateful for the opportunity to provide you with an overview of these plans, reports and data pieces to support you in your work.

**HB 6610: An Act Concerning Federal Medicaid Waivers**

~ CoA Supports

Tremendous emphasis is presently being placed on transitioning individuals out of nursing homes and back into the community. The incentive for this particular aspect of "rebalancing" is predicated on cost savings, enhanced federal dollars, choice/improved quality of life and human rights issues. The Money Follows the Person (MFP) program has provided Connecticut-and actually now every state in the nation-the incentive and opportunity to restructure LTSS via a federal enhanced match for Medicaid for every

person (regardless of age) transitioned out of a nursing home under MFP. (Connecticut has already transitioned out approximately 1,400 people.) When people are transitioned out of nursing homes under MFP and into the community they eventually are provided services thru Medicaid HCBS waivers.

Unfortunately, “diversion” efforts have received less attention. In truth, the Medicaid HCBS Waivers which help individuals stay in the community (before going into a nursing home) are less accessible to those presently in the community (vs. a nursing home). Further, occasionally waiver slots are often opened for people on MFP but not for those in the community. Clearly, this is a perverse incentive. Thus, Medicaid HCBS Waivers are ripe for study, integration/coordination, parity and action. I draw your attention to the attached waiver silo chart prepared by the CoA to illustrate the barriers such as fragmentation, difficult to navigate, and lack of access.

The Affordable Care Act contained several, new rebalancing opportunities including the Balancing Incentive Program known as BIP. CT was recently awarded approximately \$73 million for BIP by the federal government. The CoA strongly urges as is mandated by BIP that those dollars be utilized for actual community services and in a transparent way.

The CoA works closely on these issues as co-chair of the Money Follows the Person Steering Committee, comprised of diverse stakeholders including actual participants. As co-chair of the Long-Term Care Advisory Council, we have also brought significant attention to the need to restructure Medicaid HCBS Waivers to have better access and to create parity for people regardless of age. We offer ourselves as a resource to you on this specific matter as well.

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# Break Down the Silos

## Streamline the Home & Community-Based System

To utilize Medicaid to pay for HCBs, you must fit into one of these narrowly defined waivers (or related state-funded pilots)

National experts say “CT has too many waivers.”



